

**SUMMARY REPORT OF ASSISTANCE
EXPENDITURES FOR CALIFORNIA
WORK OPPORTUNITY AND RESPONSIBILITY
TO KIDS (CalWORKs) - STATE ONLY
TWO PARENT FAMILIES**

(Instructions on Reverse Side of Form)

For State Use: ☐ DSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

AID PAYMENTS (AID CODE: 35)

SOURCE DOCUMENT

(A)

CURRENT MONTH

1. Main Payroll
2. Current Month Supplemental
3. Current Month Cancellation
4. Prior Month Supplemental Payroll
5. Current Month Adjustment
6. Subtotal

PRIOR MONTH NEGATIVES

7. Prior Month Cancellation
8. Recoveries of Aid
9. Prior Month Negative Adjustment
10. Subtotal

PRIOR MONTH POSITIVES

11. Prior Month Positive Adjustments
12. Subtotal

STATE ONLY FUNDS

13. Total Number of Assistance Units
14. Total Amount Payable with State Funds Only (13A x \$2.00)

15. GRAND TOTALS

A. Total Aid Payments (6B + 10B + 12B)	B. State Share 14B + (15A x 97.5%) - (14B x 97.5%)	C. County Share (15A x 2.5%) - (14B x 2.5%)	D. Countable TANF MOE (15B + 15C)

Certification and Signatures

I hereby certify under penalty of perjury that I am the official responsible for the administration of California Work Opportunity And Responsibility To Kids (CalWORKs) in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for California Work Opportunity And Responsibility To Kids (CalWORKs) made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY OR AUDITOR CONTROLLER

DATE

INSTRUCTIONS FOR USE OF THE FORM CA 800S (STATE ONLY) TWO PARENT FAMILIES

GENERAL INFORMATION

1. Enter county name, and month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. All amounts on this form may be rounded to the nearest dollar.

CURRENT MONTH

5. Line 1A through Line 5A: Complete with the amounts shown on the integrated payroll summary (for non-integrated payrolls, enter the grand totals shown for each payroll). Only current month adjustments should be entered on Line 5A.
6. Line 6B: Enter the subtotal from Lines 1A through 5A.

PRIOR MONTH NEGATIVES

7. Line 7A: Complete with the amounts shown on the integrated payroll summary. (For non-integrated payrolls, enter the grand totals shown for each contra-roll.)
8. Line 8A: Enter the total of all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
9. Line 9A: Enter the totals of all prior month negative adjustments which decrease money amounts that were claimed in a prior month Summary Report.
10. Line 10B: Enter the subtotal from Lines 7A through 9A.

PRIOR MONTH POSITIVES

11. Line 11A: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.
12. Line 12B: Enter the subtotal of the prior months positive adjustments.

STATE ONLY FUNDS

13. Line 13A: Determine and enter the total state assistance units (AUs) represented in the persons counts (children and adults).
14. Line 14B: Determine and enter the amount payable by state funds only [the state share of the \$2.00 grant increase effective June 1, 1973 for state only AUs (*Welfare & Institutions Code 11006.1*)] -- Multiply \$2.00 times 13A.

COMPUTE GRAND TOTALS FOR FEDERAL, STATE AND COUNTY SHARES AND COUNTABLE TANF MOE

15. Line 15A: Enter the total aid payments -- Add 6B, 10B and 12B.
16. Line 15B: Enter the state share -- Multiply 15A by 97.5% and add 14B minus (14B multiplied by 97.5%).
17. Line 15C: Enter the county share -- Multiply 15A by 2.5% minus (14B multiplied by 2.5%).
18. Line 15D: Enter the countable TANF MOE (state and county shares) -- Add 15B and 15C.